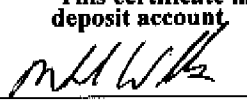


<b>TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT</b> (Under 37 CFR 1.97(b) or 1.97(c))				Docket No. <b>82402-8503</b>	
In Re Application Of: <b>Zhikang Peng; Kent HayGlass</b>					
Application No. <b>10/520,801</b>	Filing Date <b>08/10/2005</b>	Examiner	Customer No. <b>23529</b>	Group Art Unit <b>1645</b>	Confirmation No. <b>9960</b>
Title: <b>Peptide-based cytokine/chemokine vaccines against allergy</b>					
 Address to: <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>  <b>37 CFR 1.97(b)</b>  1. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.  <b>37 CFR 1.97(c)</b>  2. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:  <div style="margin-left: 40px;"><input type="checkbox"/> the statement specified in 37 CFR 1.97(e);  <div style="text-align: center;"><b>OR</b></div> <input type="checkbox"/> the fee set forth in 37 CFR 1.17(p).</div>					

<b>TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT</b> (Under 37 CFR 1.97(b) or 1.97(c))				Docket No. <b>82402-8503</b>	
In Re Application of: <b>Zhikang Peng; Kent HayGlass</b>					
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/520,801	08/10/2005		23529	1645	9960
Title: <b>Peptide-based cytokine/chemokine vaccines against allergy</b>					
<b>Payment of Fee</b> (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))					
<input type="checkbox"/> A check in the amount of _____ is attached.					
<input type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below.					
<input type="checkbox"/> Charge the amount of _____					
<input type="checkbox"/> Credit any overpayment.					
<input type="checkbox"/> Charge any additional fee required.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
<b>Certificate of Transmission by Facsimile*</b>			<b>Certificate of Mailing by First Class Mail</b>		
<p>I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fa</p> <p>_____ (Date)</p> <p>_____ Signature</p> <p>_____ Typed or Printed Name of Person Signing Certificate</p>			<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p> <p>_____ (Date)</p> <p>_____ Signature of Person Mailing Correspondence</p> <p>_____ Typed or Printed Name of Person Mailing Certificate</p>		
<b>*This certificate may only be used if paying by deposit account.</b>					
 _____ Signature			Dated: May 29, 2007		
Michael R. Williams 45333					
CC:					